



Sangguniang Panlalawigan

BATAAN CAPITOL, BALANGA CITY



EXCERPT FROM THE MINUTES OF THE 93RD REGULAR SESSION OF THE SANGGUNIANG PANLALAWIGAN OF BATAAN ON JUNE 3, 2024 HELD AT THE SAKURA RESTAURANT, SUBIC BAY FREEPORT ZONE

PRESENT:

Hon. Maria Margarita R. Roque, Acting Vice Governor and Temporary Presiding Officer

FIRST DISTRICT:

Hon. Benjamin C. Serrano, Jr., Board Member
Hon. Jomar L. Gaza J.D., Board Member

SECOND DISTRICT:

Hon. Manuel N. Beltran, Board Member
Hon. Noel Joseph L. Valdecañas, Board Member

THIRD DISTRICT:

Hon. Romano L. Del Rosario, Board Member
Hon. Jorge S. Estanislao, M.D., Board Member
Hon. Angelito M. Sunga, Board Member
Hon. Roman Harold R. Espeleta, Board Member

Hon. Jovy Z. Banzon, Board Member (PCL President)
Hon. Romeo A. Austria, Board Member (FABC President)
Hon. Lovely Joy A. Poblete, Board Member (SKF President)
Hon. Feliciano G. Magay, Jr., Board Member (IPMR)

ABSENT:

Hon. Ma. Cristina M. Garcia, Vice Governor (O.B.)

PROVINCIAL ORDINANCE NO. 16 Series of 2024

ADOPTING REPUBLIC ACT NO. 11148, ENTITLED "AN ACT SCALING UP THE NATIONAL AND LOCAL HEALTH AND NUTRITION PROGRAMS THROUGH A STRENGTHENED INTEGRATED STRATEGY FOR MATERNAL, NEONATAL, CHILD HEALTH AND NUTRITION IN THE FIRST ONE THOUSAND (1000) (F1KD+) DAYS OF LIFE, APPROPRIATING FUNDS THEREFORE, AND FOR OTHER PURPOSES," OTHERWISE KNOWN AS THE "KALUSUGAN AT NUTRISYON NG MAG-NANAY ACT" AS PART OF THE LAWS AND POLICIES ON HEALTH AND NUTRITION FOR IMPLEMENTATION BY THE PROVINCIAL GOVERNMENT OF BATAAN.

SPONSORED BY:

HON. JORGE S. ESTANISLAO, M.D.

CHAPTER I GENERAL PROVISIONS

Section 1. Short Title. - This Ordinance shall be known as the "Adoption

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"EXCELLENT PUBLIC SERVICE TOWARDS A BETTER QUALITY OF LIFE FOR ALL"

and Implementation of "Kalusugan at Nutrisyon Ng Mag-Nanay Act" in the Province of Bataan."

Section 2. Declaration of Policy. - Section 15, Article II of the 1987 Constitution emphasizes that "The State shall protect and promote the right to health of the people and instill health consciousness among them." Moreover, pursuant to various international human rights instruments and agreements that the State adheres to, the State guarantees the right to adequate food, care, and nutrition to pregnant and lactating mothers, including adolescent girls, women of reproductive age, and especially children from zero (0) to two (2) years old.

The State commits to the Philippine Development Plan and the national plans on nutrition to contribute to the improvement of the quality of human resource in the country, and the reduction of maternal and child mortality and stunting.

The State declares its determination to eliminate hunger and reduce all forms of malnutrition. The State further maintains that ensuring healthy lives, promoting well-being, ending hunger and food insecurity, and achieving good nutrition for all at all ages are essential to the attainment of sustainable development.

The State prioritizes nutrition for adolescent females, pregnant and lactating women, infants, and young children, to be implemented in an integrated manner by all branches of government, using a whole-of-government approach in collaboration with civil society organizations and the private sector.

The Republic Act Number 11148, also known as the Kalusugan at Nutrisyon ng Mag-Nanay Act aims to scale up nutrition intervention programs in the first one thousand (1000) days of a child's life, allocate resources in the sustainable manner to improve the nutritional status and address the malnutrition of infants and young children from zero (0) to two (2) years old, adolescent females, pregnant, and lactating women to ensure growth and development of infants and young children. This will provide a comprehensive, sustainable, multi-sectoral strategies and approaches to address health and nutrition problems of newborns, infants and young children, pregnant and lactating women, and adolescent females by providing policy environment, evidence-based nutrition interventions, and institutionalized first 1000 days program in all development plans of both the national and local government.

Section 3. Objectives. - This Ordinance specifically aims to:

- (a) Provide comprehensive, sustainable, multi-sectoral strategies and approaches to address health and nutrition problems of newborns, infants and young children, pregnant and lactating women and adolescent females in the Province of Bataan, as well as multi-factorial issues that negatively affect the development of newborns, infants and young children, integrating the short, medium and long-term plans of the Provincial Government of Bataan to end hunger, improve health and nutrition, and reduce malnutrition;
- (b) Provide a policy environment conducive to nutrition improvement;
- (c) Provide evidence-based nutrition interventions and actions which integrate responsive caregiving and early stimulation in a safe and protective environment over the first one thousand (1,000) days as recommended by the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO), as well as nutrition-specific and nutrition-sensitive mechanisms, strategies, programs and approaches in

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implementing programs and projects to improve nutritional status, and to eradicate malnutrition and hunger;

(d) Strengthen and define the roles of the Provincial Government of Bataan specifically through the Provincial Nutrition Committee, in coordination with the Local Government Units, from city and municipalities down to the barangay level, and with the support from the Department of Health (DOH), and National Nutrition Council (NNC), to implement nutrition programs in the first one thousand (1,000) days;

(e) Institutionalize and scale up nutrition in the first one thousand (1,000) days in the national plan on nutrition, the early childhood care and development intervention packages developed by the NNC, the Philippine Development Plan, the National Plan of Action for Children, the regional development plans, and Bataan Provincial investment plans for health and nutrition;

(f) Ensure the meaningful, active and sustained participation, partnership and cooperation of the Provincial Government of Bataan through its Provincial Nutrition Committee, its Local Government Units -- from city and municipalities down to the barangay level, Civil Society Organizations (CSOs), and the private sector, in an integrated and holistic manner, for the promotion of the health and nutritional well-being of the population, prioritizing interventions in areas with high incidence and magnitude of poverty, Geographically Isolated and Disadvantaged Areas (GIDA), and in hazard and conflict zones;

(g) Strengthen the enforcement of Executive Order No. 51, otherwise known as the "National Code of Marketing of Breastmilk Substitutes, Breastmilk Supplements and Other Related Products" or the "Milk Code," and Republic Act No. 10028, otherwise known as the "Expanded Breastfeeding Promotion Act of 2009" in the Province of Bataan. Furthermore, to protect, promote, and support optimal infant and young child feeding and maternity protection, and in consultation with the stakeholders in the public and private sectors, consider the new recommendations from the World Health Assembly (WHA) Resolution 69.9 to end the inappropriate promotion of food for infants and young children;

(h) Strengthen the implementation of other nutrition related laws, programs, policies and guidelines including multisectoral integration, gender equality and promotion of the United Nations Convention on the Rights of the Child (UNCRC) in the Province of Bataan; and

(i) Strengthen the family community support systems in the Province of Bataan with the active engagement of parents and caregivers, with support from municipalities, city, barangays, the NGAs, CSOs, and other stakeholders.

Section 4. Scaling Up Health and Nutrition for the First One Thousand (1,000) Days of Life. - The Provincial Government of Bataan specifically through its Provincial Nutrition Committee, in coordination with the city, municipalities, barangays, CSOs and other stakeholders, and with the assistance of the DOH Central Luzon Center for Health Development (DOH-CLCHD) and NNC, shall develop a comprehensive and sustainable strategy for the first one thousand (1,000) days of life to address the health, nutrition, and developmental problems affecting infants, young children, adolescent females, and pregnant and lactating women in the Province of Bataan. It shall

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operationalize the latest national plan on nutrition, integrating the short, medium, and long-term plans of the government in response to the global call to eradicate hunger, improve nutrition, and prevent and manage malnutrition, as one (1) of the seventeen (17) Sustainable Development Goals (SDGs).

Section 5. Coverage. - This Ordinance covers those Bataeños who are nutritionally-at-risk, especially pregnant and lactating women, particularly teenage mothers, women of reproductive age, adolescent girls, and children who are newly born up to age twenty-four (24) months.

Priority shall be given to those who reside in disaster-prone areas and GIDA, such as areas that are isolated due to distance, inaccessibility to transportation, and weather conditions, unserved and underserved communities and other areas identified to have high incidences of poverty, those Bataeños belonging to the vulnerable sector, communities in or recovering from situation of crisis or armed conflict and recognized as such by a government body.

The Provincial Government of Bataan shall prioritize LGUs which meet any of the following criteria:

- (a) With the highest prevalence of undernutrition and nutrient-deficiency among pregnant and lactating women and children aged zero (0) to two (2) years;
- (b) Availability of facilities or capability to implement the program; and
- (c) Prioritizes such program in their locality and willingness to provide counterpart resources for its implementation.

Section 6. Definition of Terms. - For the purposes of this Ordinance, the following terms are defined as follows:

- (a) *Breastmilk Substitute* refers to any type of milk, in either liquid or powdered form, including soy milk and follow-up formula, that are specifically marketed for feeding infants and young children up to the age of three (3) years;
- (b) *Chronic Energy Deficiency (CED)*, or *acute undernutrition*, refers to a condition where there is negative energy balance due to inadequate food and nutrient intake, problems in absorption, relatively rare or excessive nutrient loss mostly due to infections and malignancies;
- (c) *Civil Society Organizations (CSOs)* refer to non-state actors whose aims are neither to generate profits nor to seek governing power, such as non-government organizations (NGOs), professional associations, foundations, independent research institutes, community-based organizations (CBOs), faith-based organizations, people's organizations, social movements, networks, coalitions, and labor unions, which are organized based on ethical, cultural, scientific, religious or philanthropic considerations;
- (d) *Early Stimulation* refers to the process where infants and young children receive external stimuli to interact with others and their environment. It provides different opportunities for the child to explore, develop skills and abilities in a natural way and understand what is happening around them. Examples of early stimulation are language, motor and sensory stimulation with the aim of optimizing their cognitive,

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physical, emotional and social abilities, to avoid undesired states in development;

(e) *First one thousand (1,000) days of life* refers to the period of a child's life, spanning the nine (9) months in the womb starting from conception to the first twenty-four (24) months of life, which is considered to be the critical window of opportunity to promote health and development and prevent malnutrition and its life-long consequences;

(f) *Geographically Isolated and Disadvantaged Areas (GIDA)* refer to areas that are isolated due to distance or geographical isolation, weather conditions and lack of modes of transportation. This also refers to unserved and underserved communities and other areas identified to have access or service delivery problems, high incidence of poverty, presence of vulnerable sector, communities in or recovering from situation of crisis or armed conflict, and those recognized as such by a government body;

(g) *Low birth weight* refers to weight at birth of an infant, whether born full term or preterm, of less than 2,500 grams or 5.5 pounds, or 5 pounds and 8 ounces;

(h) *Malnutrition* refers to deficiencies, excesses or imbalances in a person's intake of protein, energy (carbohydrates and fats) and/or nutrients covering both undernutrition which includes suboptimal breastfeeding, stunting, wasting or thinness, underweight and micronutrient deficiencies or insufficiencies, as well as overnutrition, which includes overweight and obesity;

(i) *Moderate Acute Malnutrition (MAM)* refers to low weight-for-length/height, defined as between two (2) and three (3) Standard Deviations (SD) below the median (<-2 up to -3 SD) of the WHO growth standards or a Mid-Upper Arm Circumference (MUAC) measurement of less than one hundred twenty-five millimeters (<125mm) and greater than or equal to one hundred fifteen millimeters (≥ 115 mm);

(j) *Nutrition-sensitive interventions and programs* refer to interventions or programs that address the underlying determinants of maternal, fetal, infant and child nutrition and development, such as those pertaining to food security, social protection, adequate caregiving resources at the maternal, household and community levels; and access to health services and a safe and hygienic environment, and incorporate specific nutrition goals and actions. Nutrition-sensitive programs can serve as delivery platforms for nutrition-specific interventions, potentially increasing their scale, coverage, and effectiveness;

(k) *Nutrition-specific interventions and programs* refer to interventions or programs that address the immediate determinants of maternal, fetal, infant and child nutrition and development, adequate food and nutrient intake, feeding, caregiving and parenting practices, and low burden of infectious diseases;

(l) *Nutritionally-at-risk pregnant women* refers to pregnant women, including teenage mothers, with a low pre-pregnancy body mass index (BMI) or those who do not gain sufficient weight during pregnancy, with any of the following predisposing factors: narrowly-spaced pregnancies and births, situated in families with low income, with large number of

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dependents where food purchase is an economic problem, has previously given birth to a preterm or low birth weight infant, or other unfavorable prognostic factors, such as obesity or anemia, with diseases which influence nutritional status such as diabetes, tuberculosis, drug addiction, alcoholism and mental disorder;

(m) *Overweight* and *obesity* refer to the abnormal or excessive fat accumulation that may impair health. It is measured by BMI, a simple index of weight-for-height, which is commonly used to classify overweight and obesity among adults. BMI is calculated by dividing a person's weight in kilograms by the square of his/her height in meters (kg/m^2). According to the WHO, adults with a BMI greater than or equal to twenty-five (25) are overweight and a BMI greater than or equal to thirty (30) is obese. For children, it is defined as the percentage of children aged zero (0) to fifty-nine (59) months whose weight for length/height is above two (2) SD (overweight) or above three (3) SD (obese) from the median of the WHO Child Growth Standards;

(n) *Responsive caregiving* refers to the method where the caregiver pays prompt and close attention with affection to what the child is signaling and then provides a response that is appropriate to the child's immediate behavior, needs and developmental state;

(o) *Severe Acute Malnutrition (SAM)* refers to very low weight for length/height, defined as less than three (3) SD below the median ($<-3\text{SD}$) of the WHO Growth Standards, characterized by visible severe wasting, or by the presence of bipedal pitting edema, or a MUAC measurement of less than one hundred fifteen millimeters ($<115\text{mm}$); and

(p) *Stunting* refers to chronic undernutrition during the most critical periods of growth and development in early life. It is defined as the percentage of children aged zero (0) to fifty-nine (59) months whose height for age is below minus two (2) SD (moderate stunting) and minus three (3) SD (severe stunting) from the median of the WHO Child Growth Standards.

Section 7. Program Components. - The program shall include health and nutrition services and interventions provided at the different life stages. The Provincial Government of Bataan through its Provincial Nutrition Committee, concerned CSOs, and other stakeholders shall work together to ensure the delivery of these services and interventions.

(a) *Prenatal Period* (First Two Hundred Seventy (270) Days). - Prenatal care services at the facility and community level shall include, but not be limited to, the following:

- (1) Pregnancy tracking and enrollment to antenatal care services (ANC);
- (2) Regular follow up to complete the recommended minimum number of quality ANC care visits with proper referral for high-risk pregnancies;
- (3) Provision of maternal immunizations including tetanus and diphtheria toxoid vaccine, and other vaccines as appropriate;



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- (4) Empowering women on the preparation of birth and emergency plans, and appropriate plans for breastfeeding and rooming-in, including counselling;
- (5) Counselling on maternal nutrition, appropriate infant and young child feeding practices;
- (6) Early identification and management of nutritionally at-risk pregnant women and pregnant adolescent females and provision of ready-to-use supplementary food (RUSF) in addition to dietary supplementation;
- (7) Provision of micronutrient supplements such as iron, folic acid, calcium, iodine and other micronutrients deemed necessary;
- (8) Promotion of the consumption of iodized salt and foods fortified with micronutrients deemed necessary;
- (9) Assessment of risk for parasitism and provision of anti-helminthic medicines;
- (10) Provision of oral health services including oral health assessment;
- (11) Counselling on proper hand-washing, environmental sanitation, and personal hygiene;
- (12) Counselling on, and utilization of, responsible parenthood and family health services;
- (13) Counselling on nutrition, smoking cessation, and adoption of healthy lifestyle practices;
- (14) Philippine Health Insurance Corporation (PhilHealth) enrollment and linkages to facility and community-based health and nutrition workers and volunteers;
- (15) Social welfare support to improve access to health and nutrition services, such as, but not limited to, dietary supplementation, healthy food products and commodities for nutritionally-at-risk pregnant women belonging to poorest of the poor families, including those with disabilities;
- (16) Maternity protection during pregnancy;
- (17) Counselling and support to parents and caregivers on parent/caregiver-infant/child interaction for responsive care and early stimulation for early childhood development;
- (18) Provision of counselling and psychosocial support to parents and caregivers with priority to high-risk pregnant women and adolescent females belonging to poorest of the poor families; and
- (19) Others as may be determined based on international and national guidelines and evidence generated locally.

(b) *Women About to Give Birth and Immediate Postpartum Period.* - Health and nutrition services at the facility and community level shall

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include, but not be limited to, the following:

- (1) Adherence to the couple's birth, breastfeeding, and rooming-in plans;
- (2) Provision of mother-friendly practices during labor and delivery in line with, and in compliance with, Mother and Baby-Friendly Health Facility Initiative (MBFHFHFI), Republic Act No. 10028, otherwise known as the "Expanded Breastfeeding Promotion Act of 2009", Executive Order No. 51 or the "Milk Code", and other related administrative issuances of the DOH on maternal and newborn care;
- (3) Monitoring of the progress of labor and the well-being of both the mother and the fetus, and provision of interventions to any health issue that may arise;
- (4) Identification of high-risk newborns that will be delivered; the premature, small for gestational age (SGA), and/or low birth weight infants; and the provision of preventive interventions to reduce complications of prematurity or low birth weight;
- (5) Coverage and utilization of PhilHealth benefit packages for maternal care;
- (6) Nutrition counselling and provision of nutritious food and meals at the facility, most especially for women who gave birth to babies who are preterm, SGA, or low birth weight, until discharged;
- (7) Provision of lactation management services to support breastfeeding initiation and exclusive breastfeeding for six (6) months, most especially for caesarean deliveries, and thereafter until discharged;
- (8) Counselling on proper hand-washing, environmental sanitation, and personal hygiene;
- (9) Counselling on, and utilization of, modern methods of family planning and access to reproductive health care services, as defined in Republic Act No. 10354, otherwise known as "The Responsible Parenthood and Reproductive Health Act of 2012";
- (10) Maintenance of non-separation of the mother and her newborn and rooming-in for early breastfeeding initiation;
- (11) Assurance of women and child-friendly spaces during calamities, disasters, or other emergencies;
- (12) Provision of support to fathers and caregivers to ensure their commitment to support the mother and the child on proper health and nutrition care and provide necessary counselling and positive parenting support interventions;
- (13) Counselling and support to parents and caregivers on parent/caregiver-infant/child interaction for responsive care and early stimulation for early childhood development; and
- (14) Others as may be determined based on international and



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national guidelines and evidence generated locally.

(c) *Postpartum and Lactating Women.* - Health and nutrition services at the facility and community level shall include, but not be limited to, the following:

- (1) Follow-up visits to health facilities where they gave birth;
- (2) Home visits for women in difficult-to-reach communities especially if located in a GIDA;
- (3) Lactation support and counselling from birth up to two (2) years and beyond, including those women who will return to work and for women in the informal economies, and those with breastfeeding difficulties;
- (4) Nutrition assessment and counselling to meet the demands of lactation in health facilities and workplaces;
- (5) Identification and management of malnutrition of chronically energy deficient (CED) and nutritionally-at-risk postpartum and lactating women, including adolescent mothers, and provision of RUSF in addition to dietary supplementation, as appropriate;
- (6) Organization of community-based mother support groups and peer counsellors for breastfeeding in cooperation with other health and nutrition workers;
- (7) Lactation breaks for women in the workplaces including micro, small and medium enterprises;
- (8) Availability of lactation stations in the workplaces, both in government and in the private sector, informal economy workplaces, and in public places and public means of transportation as stipulated in Republic Act No. 10028, otherwise known as the "Expanded Breastfeeding Promotion Act of 2009" and its implementing rules and regulations;
- (9) Organization of breastfeeding support groups in workplaces, in cooperation with occupational health workers and human resource managers trained in lactation management for the workplace;
- (10) Provision of micronutrient supplements including iron, folic acid, Vitamin A and other micronutrients deemed necessary;
- (11) Promotion of the consumption of iodized salt and foods fortified with micronutrients deemed necessary;
- (12) Provision of oral health services;
- (13) Counselling on, and utilization of, modern methods of family planning, and access to reproductive health care services, as defined in Republic Act No. 10354, otherwise known as "The Responsible Parenthood and Reproductive Health Act of 2012";
- (14) Social welfare support to improve access to health and nutrition services, such as, but not limited to, dietary

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(9) Assurance of a child-friendly space where exclusively breastfed infants will be able to continue breastfeeding during calamities, disasters or other emergencies;

(10) Social welfare support to improve access to health and nutrition services for newborns belonging to poorest of the poor families;

(11) Facilitate the prompt birth and death registration, including fetal deaths, including restoration and reconstruction of birth and death registration documents destroyed during disasters;

(12) Counselling and support to parents and caregivers on parent/caregiver-infant/child interaction for responsive care and early stimulation for early childhood development;

(13) Provision of support to parents and caregivers on early stimulation and responsive care for infants; and

(14) Others as may be determined based on international and national guidelines and evidence generated locally.

(e) *First Six (6) Months of Infancy* (One Hundred Eighty (180) Days). – Health and nutrition services at the facility and community level shall include, but not be limited to, the following:

(1) Provision of continuous support to mother and her infant for exclusive breastfeeding, including referral to trained health workers on lactation management and treatment of breast conditions;

(2) Provision of appropriate and timely immunization services integrated with assessment of breastfeeding, early child development, growth monitoring and promotion, and Infant and Young Child Feeding (IYCF) Counselling;

(3) Growth and development monitoring and promotion of all infants less than six (6) months old especially those who had low birth weight, are stunted, or had acute malnutrition;

(4) Counselling household members on hand-washing, environmental sanitation, and personal hygiene;

(5) Provision of early referral to higher level health facilities to manage common childhood illnesses including acute malnutrition;

(6) Identification and management of moderate or severe acute malnutrition among infants less than six (6) months old and provision of lactation management services and management of medical conditions contributing to malnutrition;

(7) Counselling and support to parents and caregivers on parent/caregiver-infant/child interaction for responsive care and early stimulation for early childhood development;

(8) Social welfare support to improve access to health and nutrition services for newborns belonging to poorest of the poor families;

(9) Provision of support to fathers and caregivers to ensure their

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supplementation, healthy food products and commodities for CED and nutritionally-at-risk postpartum and/or lactating women belonging to poorest of the poor families;

(15) Assurance of women-friendly and child-friendly spaces where mothers and their infants will be able to continue breastfeeding during calamities, disasters, or other emergencies;

(16) Provision of support to fathers and caregivers to ensure their commitment to support the mother and the child on proper health and nutrition care and provide necessary counselling and positive parenting support intervention;

(17) Counselling and support to parents and caregivers on parent/caregiver-infant/child interaction for responsive care, and early stimulation for early childhood development; and

(18) Others as may be determined based on international and national guidelines and evidence generated locally.

(d) *Birth and Newborn Period* (Twenty-eight (28) Days). - Health and nutrition services at the facility and community level shall include, but not be limited to, the following:

(1) Provision of baby-friendly practices during delivery in line, and in compliance, with the MBFHF and essential newborn care protocol of the DOH in all facilities providing birthing services;

(2) Provision of early and continuous skin-to-skin contact to all full-term babies and continuous kangaroo mother care for small babies born preterm and low birth weight, in compliance with the newborn protocol of the DOH in all facilities providing birthing services;

(3) Maintenance of non-separation of the mother and her newborn from birth for early breastfeeding initiation and exclusive breastfeeding;

(4) Provision of routine newborn care services such as eye prophylaxis, Vitamin K supplementation, and immunizations;

(5) Administration of newborn screening and newborn hearing screening;

(6) Availment and utilization of appropriate PhilHealth benefit packages for the newborn including the preterm, low birth weight and small babies;

(7) Provision of early referral to higher level facilities to manage illness and/or other complications;

(8) Availability of human milk pasteurizer for strategic level two (2) and level three (3) facilities with neonatal intensive care units to ensure breastmilk supply for small babies born preterm and low birth weight within its facility, the service delivery network it serves, and for use of infants and young children during emergencies and disasters;

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commitment to support the mother and the child on proper health and nutrition care and provide necessary counselling and positive parenting support interventions;

(10) Assurance of women and child-friendly spaces during calamities, disasters, or other emergencies where health and nutrition services for women and children shall be provided; and

(11) Others as may be determined based on international and national guidelines and evidence generated locally.

(f) *Infants Six (6) Months up to Two (2) Years of Age.* - Health and nutrition services at the community level shall include, but not be limited to, the following:

(1) Timely introduction of safe, appropriate, and nutrient-dense quality complementary food with continued and sustained breastfeeding for all infants from six (6) months up to two (2) years of age, with emphasis on the use of suitable, nutrient-rich, home-prepared, and locally available foods that are prepared and fed safely;

(2) Provision of nutrition counselling on complementary food preparation and feeding to mothers and caregivers;

(3) Dietary supplementation of age-appropriate and nutrient-dense quality complementary food;

(4) Growth and development monitoring and promotion in health facilities and at home;

(5) Provision of routine immunizations based on the latest DOH guidelines;

(6) Provision of micronutrient supplements deemed necessary;

(7) Management of common childhood illnesses based on WHO and DOH guidelines;

(8) Management of moderate and severe acute malnutrition using national guidelines and proper referral to higher level health facilities as appropriate, for treatment and management, especially those with serious medical complications;

(9) Provision of oral health services including application of fluoride varnish to prevent dental caries;

(10) Provision of anti-helminthic tablets for children one (1) to two (2) years old as appropriate;

(11) Availability of potable source of water, counselling of household members on hand-washing, environmental sanitation, and personal hygiene, and support for sanitation needs of households to reduce food, water, and vector-borne diseases;

(12) Counselling and support to parents and caregivers on parent/caregiver-infant/child interaction for responsive care, and early stimulation for early childhood development, and referral for

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development delays and other disabilities for early prevention, treatment and rehabilitation;

(13) Social welfare support to improve access to health and nutrition services such as, but not limited to, dietary supplementation, complementary food, other healthy food products and commodities, assessment and referral for development delays and other disabilities for early prevention, treatment and rehabilitation for infants six (6) months and above who belong to poorest of the poor families;

(14) Support for home kitchen gardens wherever feasible;

(15) Provision of locally available grown crops, vegetables and fruits in addition to other agricultural products to be used in complementary feeding and dietary supplementation;

(16) Protection against child abuse, injuries and accidents including the provision of first aid, counselling and proper referrals; and

(17) Others as may be determined based on international and national guidelines and evidence generated locally.

Section 8. Health and Nutrition of Adolescent Females. - To address the cyclical nature of malnutrition among the population in the Province of Bataan, delivery of health and nutrition services for adolescent females ten (10) to eighteen (18) years old at facility, school, and community levels shall include, but not be limited to, the following:

(a) Assessment of health and nutrition status and identification of nutritionally-at-risk adolescent girls, as well as provision of ready to use supplementary food or ready to use therapeutic food for nutritionally-at-risk adolescent females, as appropriate;

(b) Provision of age-appropriate immunizations based on the latest DOH guidelines;

(c) Provision of oral health services including oral health assessment;

(d) Provision of anti-helminthic drugs for deworming;

(e) Counselling on proper hand-washing, environmental sanitation, and personal hygiene;

(f) Provision of micronutrient supplements according to guidelines of the DOH, in partnership with the Department of Education (DepEd);

(g) Promotion of the consumption of iodized salt and foods fortified with micronutrients that may be deemed necessary;

(h) Referral to appropriate health facilities to manage menstruation irregularities or abnormalities that contribute to anemia and blood loss, and to manage complicated illnesses including moderate, severe acute malnutrition;

(i) Counselling on proper nutrition, mental health, avoidance of risk-taking behaviors, smoking cessation, adoption of healthy lifestyle practices, and family health; and

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(j) Others as may be determined based on international guidelines and evidence generated locally.

Section 9. Other Program Components. - The Provincial Government of Bataan through its Provincial Nutrition Committee, concerned CSOs, and other stakeholders shall likewise include the following cross-cutting components in the implementation of the program:

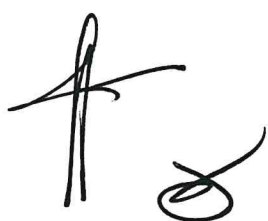
- (a) Provincial health and nutrition investment planning and financing;
- (b) Policy, standards, and guideline development;
- (c) Health and nutrition promotion and education, social mobilization and community organization, including advocacy;
- (d) Service delivery;
- (e) Health and nutrition human resources capacity development;
- (f) Sectoral collaboration and partnerships;
- (g) Logistics and supply management;
- (h) Knowledge management and information; and
- (i) Monitoring and evaluation, and research and development.

Section 10. Nutrition in the Aftermath of Natural Disasters and Calamities. - Areas that are affected by disasters and emergency situations, both natural and man-made must be prioritized in the delivery of health and nutrition services, and psychosocial services interventions. Provincial Government of Bataan through its Provincial Nutrition Committee, and LGUs (City, Municipalities, and Barangays) are mandated to immediately provide emergency services, food supplies for proper nourishment of pregnant and lactating mothers, and children, specifically those from zero (0) to two (2) years old. Women, infant and child-friendly spaces shall be prepared and ready to accommodate women and their children, provide their daily necessities such as food, clothing, clean water, and shelter; readily available breastfeeding support and counselling for those with children up to two (2) years or beyond, as well as provision and guidance on the appropriate complementary food for children over six (6) months old.

Donations of milk formula, breastmilk substitutes, and/or products covered by the Milk Code without the approval of the Inter-Agency Committee (IAC) created under Executive Order No. 51, Series of 1986, shall be prohibited in order to protect the health and nutrition of pregnant and lactating women, infants and young children before, during and after a disaster.

In emergency situations, donations or assistance from the private sector, with no conflicts of interest or those not involved with manufacture, marketing, and sales of products covered by the scope of the Milk Code, shall be allowed immediately in the aftermath of natural disasters and calamities. Strict compliance with the Milk Code and its revised implementing rules and regulations (IRR) shall be observed, and options for mothers with breastfeeding problems will be provided, such as, but not limited to, the mobilization of breastfeeding support groups or strategic establishment of local milk banks.

The Provincial Disaster Risk Reduction and Management Council (PDRRMC), with



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Acting Provincial Governor



the assistance from DOH and NNC, shall formulate guidelines and mechanisms in pursuit of this section, taking into consideration humanitarian, inclusive, gender and culture-sensitive standards for the protection of children, pregnant and lactating mothers, in accordance with Republic Act No. 10821, otherwise known as the "Children's Emergency Relief and Protection Act", its implementing rules and regulations, and the Comprehensive Emergency Program for Children.

Section 11. Capacity-Building of Barangay Health and Nutrition Volunteers. - The Provincial Government of Bataan, through its Provincial Nutrition Committee, in coordination with LGUs (city, municipalities, and barangays), with the assistance of NNC and DOH, shall provide practical and effective training courses to Barangay Nutrition Scholars (BNSs), Barangay Health Workers (BHWs) and other personnel concerned to upgrade their skills and competence in the implementation of the services and interventions for the health and nutrition of women and children.

Section 12. Provincial Nutrition Committee (PNC) shall be composed of the following:

- Chairperson: Provincial Governor
- Vice-Chairperson: Sangguniang Panlalawigan – Committee on Health
- Secretary: Provincial Health Officer and Provincial Nutrition Action Officer, Provincial Health Office
- Assistant Secretary: District Nutrition Program Coordinators
- Members:
 - Provincial Director, Department of Interior and Local Government
 - Division Schools Superintendent, Department of Education
 - Provincial Social Welfare and Development Officer, Provincial Social Welfare and Development Office
 - Provincial Planning & Development Coordinator, Provincial Planning and Development Office
 - Provincial Agriculturist, Office of the Provincial Agriculturist
 - Provincial Director, Department of Trade and Industries
 - Provincial Science and Technology Officer, Department of Science and Technology
 - Provincial Population Officer, Provincial Population Office
 - Executive Director, Rotary Club of Balanga
 - Provincial Treasurer, Provincial Treasurer’s Office
 - Provincial Accountant, Provincial Accounting Office
 - Provincial Budget Officer, Provincial Budget Office
 - Branch Manager, National Food Authority

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Acting Provincial Governor

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Information Center Manager, Philippine Information Agency – Bataan

President, Kababaihan ng Bataan Lingap sa Kaunlaran at Tagumpay (KABALIKAT)

Provincial Veterinarian, Office of the Provincial Veterinarian

Bataan-Philippine National Police

Provincial Disaster Risk Reduction and Management Officer, PDRRMO

Provincial PESO Manager, Public Employment Service Office

Section 13. Responsibilities of the Parties

The Provincial Governor

- 7
- a. Provide leadership and guidance in implementing RA 11148 in the province.
 - b. Ensure that all departments and offices of the province identify, pursue, and report on their specific accountabilities in implementing the law.
 - c. Ensure that funds for F1KD+ services and activities are not only available, but released and used in the most efficient and effective way.

Sangguniang Panlalawigan - Committee on Health

- 8
- a. Enact ordinances related to First 1000 days (F1KD+), e.g., localization of RA 11148, comprehensive nutrition action in the province;
 - b. With the assistance of the Provincial Treasurer, Provincial Accountant, Provincial Budget Officer, ensure that approved provincial budgets have provisions for F1KD+ services.

Provincial Health Officer

- 9
- a. Organize the Province Wide Health System;
 - b. Organize the HCPN in the province;
 - c. Ensure that services related to the F1KD+ are integrated in program packages;
 - d. Monitor and ensure compliance of the province, cities, and municipalities to DOH guidelines related to the implementation of the UHC Law;
 - e. Undertake activities related to the implementation of *related laws*, e.g., 1. Regular monitoring on compliance to EO 51;
2. Certification of lactation station

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Provincial Nutrition Action Officer and District Nutrition Program Coordinator

- a. Advise the provincial nutrition committee on nutrition program matters;
- b. In coordination with the provincial offices and cities and municipalities, coordinate the conduct of the F1KD+ situational analysis;
- c. Coordinate the formulation of the provincial nutrition action plan and the integration of nutrition concerns in the Provincial Physical Framework and Development Plan, the Provincial Local Development Investment Plan, and the Annual Investment Program;
- d. Coordinate the formulation of the provincial nutrition in emergencies plan and its integration in the provincial DRRM-health plan;
- e. Monitor and evaluate the provincial nutrition action plan, including the integrated delivery of F1KD+ services;
- f. Provide technical assistance to local agencies on integrating nutrition and related concerns in their programs, projects, and activities;
- g. Provide technical assistance to cities, municipalities and barangays on nutrition program management;
- h. In coordination with the city/municipal government, provide technical and to the extent possible, logistical and other forms of support to barangay nutrition scholars;
- i. Lead in the development and implementation of province-wide activities on nutrition promotion;
- j. In coordination with the city/municipal health office and other offices of the LGU, implement specific projects and activities of the Provincial Nutrition Action Plan (PNAP), as may be assigned;
- k. In coordination with the provincial health office, undertake activities to ensure implementation of nutrition and related laws, e.g., EO 51, RA 10028, RA 8172, RA 8976, among others; Coordinate nutrition-related concerns in DRRM as a component of DRRM-health;
- l. In coordination with the city/municipality, implement programs, projects, activities to continually capacitate the BNS to provide quality services in the first F1KD+;
- m. Establish mechanisms for improved coordination with other offices or organizations of the province, including the local council for the protection of children.

Provincial Social Welfare and Development Officer



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- a. Build capacities of city/municipal social welfare and development offices in carrying out their roles related to F1KD+;
- b. Provide augmentation funding support, especially to poor cities/municipalities for services related to the F1KD+.

Provincial Planning and Development Coordinator - Ensure that F1KD+ concerns are integrated into the Provincial Development and Physical Framework (PDPFP), Executive Legislative Agenda (ELA), Local Investment and Development Plan (LIDP) and capacity building agenda.

Provincial Agriculturist and Provincial Veterinarian

- a. Build capacities of city/municipal agriculture offices on integrating F1KD+ concerns in their programs and projects, e.g., by: a) Supporting farmers and fisherfolks with wives who are pregnant/lactating or children 0-35 months old to improve productivity and incomes, e.g., financing, agriculture inputs, technology transfer, improved irrigation, fishnets, fishing boats, etc.; b) Integrating parenting skills related to F1KD+ in classes of farmers and fisherfolk; c) Providing inputs for home and community food gardening with priority to households with members in the F1KD+;
- b. Submit reports of accomplishments to the city/municipal nutrition committee.

Provincial Science and Technology Officer - Assist in calibrating weighing scales and verifying height boards.

Branch Manager of the National Food Authority - Assist in ensuring the food security and the stability of supply and price of the staple grain-rice in the Province of Bataan.

Provincial Population Officer - Assist in creating favorable and enabling environment of population, responsible parenthood, and reproductive health.

Provincial Disaster Risk Reduction and Management Officer - Ensure that F1KD+ concerns are integrated in the Provincial DRRM Plan and in response, recovery, and rehabilitation phases.

Provincial PESO Manager and Provincial Director of DTI - Identify employment opportunities and livelihood programs for members of households with members in the F1KD+.

Other members of the PNC - Assist in the implementation, monitoring, and evaluation of activities and projects related to F1KD+ in the Province of Bataan.

Section 14. Procurement of Goods and Services. - The provisions of Republic Act No. 9184, otherwise known as the "Government Procurement Reform Act," notwithstanding, the government agencies concerned are hereby mandated to establish a liberalized mode of procurement for this program, subject to the approval of the Government Procurement Policy Board.

The public procurement for this program shall prioritize the participation of local and community-based producers, suppliers and/or service contractors.

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Acting Provincial Governor

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Section 15. Monitoring, Review and Assessment of the Program. – The PNC and LGUs concerned shall regularly monitor, review and assess the impact and the effectivity of the program in consultation with their stakeholders.

Section 16. Appropriations. – The amount necessary to implement the objectives of this Ordinance shall be sourced from the following:

- a. Annual appropriations ordinance and/or Supplemental Appropriations Ordinance, as may be necessary;
- b. Donations or grants;
- c. Proceeds of fund-raising activities;
- d. Those resulting from Private and Public Partnerships;
- e. Other sources as may be allowed by law.

Section 17. Implementing Rules and Regulations (IRR). - Within ninety (90) days from the effectivity of this Ordinance, the PNC, in coordination with the Regional NNC and DOH-CLCHD, and in consultation with stakeholders in the public and private sectors, promulgate the IRR necessary for the effective implementation of this Ordinance.

Section 18. Separability Clause. - If any provision of this Ordinance or the application of such provision to any instrumentalities or entities or circumstances is held invalid or unconstitutional for any reason or reasons, the remainder of this Ordinance or the application of such other provisions shall not be affected thereby.

Section 19. Repealing Clause. – All laws, decrees, executive orders, administrative orders or parts thereof inconsistent with the provisions of this Ordinance are hereby repealed, amended or modified accordingly.


Section 20. Effectivity. - This ordinance shall take effect immediately upon its approval and compliance with the relevant provisions of the Local Government Code of 1991.

UNANIMOUSLY ENACTED this 3rd day of June 2024.

I HEREBY CERTIFY to the enactment of the foregoing ordinance.


ATTY. MARK LORENZ C. QUEZON
Secretary to the Sangguniang Panlalawigan


BENJAMIN C. SERRANO, JR.
Board Member


MANUEL N. BELTRAN
Board Member


JOMAR L. GAZA, J.D.
Board Member


NOEL JOSEPH L. VALDECAÑAS
Board Member


ANTONINO B. ROMAN III, J.D., LL.M.
Acting Provincial Governor




ROMANO L. DEL ROSARIO
Board Member



ANGELITO M. SUNGA
Board Member


JORGE S. ESTANISLAO, M.D.
Board Member


ROMAN HAROLD R. ESPELETA
Board Member


JOVY Z. BANZON
Board Member
(PCL President)


ROMEO A. AUSTRIA
Board Member
(FABC President)


LOVELY JOY A. POBLETE
Board Member
(SKF President)


FELICIANO G. MAGAY, JR.
Board Member
(IPMR)

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ATTESTED:


MARIA MARGARITA R. ROQUE
Acting Vice Governor & Temporary Presiding Officer

APPROVED:


ANTONINO B. ROMAN III, J.D., LL.M.
Acting Provincial Governor
Date: 6-7-2024

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